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PTO/SB/50 (02-01)

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REISSUE PATENT APPLICATION TRANSMITTAL

JC868 U.S. PTO
02/27/02

10/086221
USPTO
02/27/02

Address to:
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Washington, DC 20231

Attorney Docket No.	20501.213RIS
First Named Inventor	William G. Fish
Original Patent Number	6,033,451
Original Patent Issue Date (Month/Day/Year)	03/07/2000
Express Mail Label No.	EV 029437676 US

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent

Design Patent

Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Power of Attorney
7. Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 Written Consent of all Assignees (PTO/SB/53)
 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. CD-ROM or CD-R in duplicate, Computer Program
(Appendix) or large table
9. Nucleotide and/or Amino Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. Statement of status/support for all changes to the claims.
See 37 CFR 1.173(c).
11. Original U.S. Patent for surrender
 Ribboned Original Patent Grant
 Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
14. English Translation of Reissue Oath/Declaration
(if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

14. CORRESPONDENCE ADDRESS

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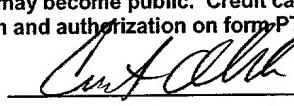
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NAME (Print/Type)	Curtis J. Ollila	Registration No. (Attorney/Agent)	47,833
Signature		Date 2/27/07	

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REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number (Optional) 20501.213RIS				
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 14	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 42	**** 22 * 3	X\$ _____ =		X\$18=	396	
(C) 2		(D) 6		X\$ _____ =		X\$84=	252	
				Basic Fee (37 CFR 1.16(h)) \$ _____		\$ 740		
				Total Filing Fee \$ _____		OR \$ 1388		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	X\$ _____ =	X\$ _____ =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ _____ =	X\$ _____ =		
					Total Additional Fee \$ _____	OR \$ _____		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 27 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 03-1725. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</p>								
<u>2/27/02</u>				 Signature of Applicant, Attorney or Agent of Record				
<u>Curtis J. Ollila, Registration No. 47,833</u>								
<u>Typed or printed name</u>								